

2017

South Carolina
Behavioral Risk Factor Surveillance System
Questionnaire



January 5, 2017



Form Approved

OMB No. 0920-1061

Exp. Date 3/31/2018

Public reporting burden of this collection of information is estimated to average 27 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1061).

NOTE: Interviewers do not need to read any part of the burden estimate nor provide the OMB number unless asked by the respondent for specific information. If a respondent asks for the length of time of the interview provide the most accurate information based on the version of the questionnaire that will be administered to that respondent. If the interviewer is not sure, provide the average time as indicated in the burden statement. If data collectors have questions concerning the BRFSS OMB process, please contact Carol Pierannunzi at ivk7@cdc.gov.

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Interviewer's Script Landline Sample

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HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

LL.1 Is this (phone number) ?

1. Yes
2. No

[CATI /INTERVIEWER NOTE: IF "NO" : Thank you very much, but I seem to have dialed the wrong number. It' s possible that your number may be called at a later time. CATI NOTE: STOP OR REDIAL]

PVTRES

LL.2 Is this a private residence?

Read only if necessary: "By private residence, we mean someplace like a house or apartment."



INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

1. Yes [GO TO STATE OF RESIDENCE]
2. No [GO TO COLLEGE HOUSING]
3. No , Business phone only

[CATI/INTERVIEWER NOTE: IF NO, BUSINESS PHONE ONLY: THANK YOU VERY MUCH BUT WE ARE ONLY INTERVIEWING PERSONS ON RESIDENTIAL PHONES LINES AT THIS TIME."STOP]

College Housing

LL.3 Do you live in college housing?

Read only if necessary: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university."

1. Yes [GO TO STATE OF RESIDENCE]
2. No

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]

State of Residence

LL4. Do you currently live in ____ (state) _____?

1. Yes [GO TO CELLULAR]
2. No [CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN [] STATE AT THIS TIME. STOP]

Cellular Phone

LL.5 Is this a cell telephone?

INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES).

Read only if necessary: "By cell (or cellular) telephone we mean a telephone that is mobile and usable outside of your neighborhood."

1 Yes

[CATI/INTERVIEWER NOTE: IF "YES": THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING BY LAND LINE TELEPHONES FOR PRIVATE RESIDENCES OR COLLEGE HOUSING. STOP]

2 No

[CATI NOTE: IF COLLEGE HOUSING = "YES," CONTINUE; OTHERWISE GO TO ADULT RANDOM SELECTION]

Adult

LL.6 Are you 18 years of age or older?

- | | | |
|---|---------------------------|----------------------|
| 1 | Yes, respondent is male | [GO TO NEXT SECTION] |
| 2 | Yes, respondent is female | [GO TO NEXT SECTION] |
| 3 | No | |

[CATI/INTERVIEWER NOTE: IF NO: THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]

Adult Random Selection

I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college. How many members of your household, including yourself, are 18 years of age or older?

LL.7 ____ Number of adults

If "1,": Are you the adult?

If "yes,":

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary).

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

[GO TO THE CORRECT RESPONDENT]

[CATI/INTERVIEWER NOTE: IF "NO,": IS THE ADULT A MAN OR A WOMAN? ENTER 1 MAN OR 1 WOMAN BELOW. MAY I SPEAK WITH [FILL IN (HIM/HER) FROM PREVIOUS QUESTION]?]

[GO TO "CORRECT RESPONDENT" BEFORE SECTION 1]

LL.8 How many of these adults are men?

___ Number of men

So the number of women in the household is ___

___ Number of women

Is that correct?

INTERVIEWER NOTE: CONFIRM NUMBER OF ADULT WOMEN OR CLARIFY THE TOTAL NUMBER OF ADULTS IN THE HOUSEHOLD.

The person in your household that I need to speak with is _____.

If "you," [GO TO "CORRECT RESPONDENT" BEFORE SECTION 1]



Interviewer's Script Cell Phone

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HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

CP.1 Is this a safe time to talk with you?

1. Yes [GOTO PHONE]
2. No

[CATI/INTERVIEWER NOTE: IF "NO": THANK YOU VERY MUCH. WE WILL CALL YOU BACK AT A MORE CONVENIENT TIME. ([SET APPOINTMENT IF POSSIBLE]) STOP]

Phone

CP.2 Is this (phone number) ?

1. Yes [GO TO CELLULAR PHONE]
2. No INTERVIEWER NOTE: CONFIRM TELEPHONE NUMBER

[CATI/INTERVIEWER NOTE: IF "NO": THANK YOU VERY MUCH, BUT I SEEM TO HAVE DIALED THE WRONG NUMBER. IT'S POSSIBLE THAT YOUR NUMBER MAY BE CALLED AT A LATER TIME. STOP]

Cellular Phone

CP.3 Is this a cell telephone?

Read only if necessary: "By cell telephone, we mean a telephone that is mobile and usable outside of your neighborhood."

1. Yes [GO TO ADULT]
2. No

[CATI/INTERVIEWER NOTE: IF "NO": THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING CELL TELEPHONES AT THIS TIME. STOP]

Adult

CP.4 Are you 18 years of age or older?

1. Yes, respondent is male [GO TO PRIVATE RESIDENCE]
2. Yes, respondent is female [GO TO PRIVATE RESIDENCE]
- 3 No

[CATI/INTERVIEWER NOTE: IF "NO", THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS AGED 18 OR OLDER AT THIS TIME. STOP]

INTERVIEWER NOTE: GENDER WILL BE ASKED AGAIN IN DEMOGRAPHICS SECTION.

Private Residence

CP.5 Do you live in a private residence?

Read only if necessary: "By private residence, we mean someplace like a house or apartment."

INTERVIEWER NOTE: PRIVATE RESIDENCE INCLUDES ANY HOME WHERE THE RESPONDENT SPENDS AT LEAST 30 DAYS INCLUDING VACATION HOMES, RVS OR OTHER LOCATIONS IN WHICH THE RESPONDENT LIVES FOR PORTIONS OF THE YEAR.

1. Yes [GO TO STATE OF RESIDENCE]
2. No [GO TO COLLEGE HOUSING]

College Housing

CP.6 Do you live in college housing?

Read only if necessary: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university."

1. Yes [GO TO STATE OF RESIDENCE]
2. No

[CATI/INTERVIEWER NOTE: IF "NO": THANK YOU VERY MUCH, BUT WE ARE ONLY INTERVIEWING PERSONS WHO LIVE IN A PRIVATE RESIDENCE OR COLLEGE HOUSING AT THIS TIME. STOP]

State of Residence

CP.7 Do you currently live in _____ (state) _____?

1. Yes [GO TO LANDLINE]
2. No [GO TO STATE]

State

CP.8 In what state do you currently live?

_____ ENTER FIPS STATE

Landline

CP. 9 Do you also have a landline telephone in your home that is used to make and receive calls?

Read only if necessary: "By landline telephone, we mean a "regular" telephone in your home that is used for making or receiving calls." Please include landline phones used for both business and personal use."

INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES.).

1. Yes
2. No

[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = "YES", DO NOT ASK NUMBER OF ADULTS QUESTIONS, GO TO CORE.]

NUMADULT

CP.10 How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

99 Refused

[CATI/INTERVIEWER NOTE: IF COLLEGE HOUSING = "YES" THEN NUMBER OF ADULTS IS AUTOMATICALLY SET TO 1.]

Core Sections

[CATI/INTERVIEWER NOTE: ITEMS IN PARENTHESES ANYWHERE THROUGHOUT THE QUESTIONNAIRE DO NOT NEED TO BE READ]

To Correct Respondent:

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call (give appropriate state telephone number).

Section 1: Health Status

1.1 Would you say that in general your health is— (90)

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 2: Healthy Days — Health-Related Quality of Life

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (91-92)

- — Number of days
- 88 None
- 77 Don't know / Not sure
- 99 Refused

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (93-94)

- — Number of days

SECTION] 88 None [CATI NOTE: IF Q2.1 AND Q2.2 = 88 (NONE), GO TO NEXT
 77 Don't know / Not sure
 99 Refused

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

(95-96)

-- Number of days
 88 None
 77 Don't know / Not sure
 99 Refused

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

(97)

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

3.2 Do you have one person you think of as your personal doctor or health care provider?
 If "No" ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

(98)

1 Yes, only one
 2 More than one
 3 No
 7 Don't know / Not sure
 9 Refused

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

(99)

1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

3.4 A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?
(100)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

[CATI INSTRUCTION: IF USING HEALTH CARE ACCESS MODULE 10 AND Q3.1 = 1 GO TO MODULE 10, QUESTION 4A OR IF USING HEALTH CARE ACCESS MODULE 10 AND Q3.1 = 2, 7, OR 9 GO TO MODULE 10, QUESTION 4B, OR IF NOT USING HEALTH CARE ACCESS MODULE GO TO NEXT SECTION.]

State-added 1: Health Care Coverage

[CATI INSTRUCTION: ONLY ASK IF 3.1 = 1]

SC 1.1 What is the primary source of your health care coverage? Is it...

(901-902)

- 01 A plan purchased through an employer or union (includes plans purchased through another person's employer)
- 02 A plan that you or another family member buys on y our own
- 03 Medicare
- 04 Medicaid
- 05 TRICARE (formally CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Services, Tribal Health Services
- 07 Some other source
- 08 None (no coverage)

Do not read:

- 77 Don't know/Not sure
- 99 Refused

Section 4: Hypertension Awareness

4.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (101)

Read only if necessary: By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.

If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”

- 1 Yes
- 2 Yes, but female told only during pregnancy [GO TO NEXT SECTION]
- 3 No [GO TO NEXT SECTION]
- 4 Told borderline high or pre-hypertensive [GO TO NEXT SECTION]
- 7 Don’t know / Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

4.2 Are you currently taking medicine for your high blood pressure? (102)

- 1 Yes
- 2 No
- 7 Don’t know / Not sure
- 9 Refused

Section 5: Cholesterol Awareness

5.1 Blood cholesterol is a fatty substance found in the blood. About how long has it been since you last had your blood cholesterol checked? (103)

Read only if necessary:

- 1 Never [GO TO NEXT SECTION]
- 2 Within the past year (anytime less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don’t know / Not sure
- 9 Refused [GO TO NEXT SECTION]

5.2 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

(104)

- 1 Yes
- 2 No [GO TO NEXT SECTION]
- 7 Don't know / Not sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

5.3 Are you currently taking medicine prescribed by a doctor or other health professional for your blood cholesterol?

(105)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 6: Chronic Health Conditions

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

6.1 (Ever told) you that you had a heart attack also called a myocardial infarction?

(106)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.2 (Ever told) you had angina or coronary heart disease?

(107)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.3 (Ever told) you had a stroke?

(108)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.4 (Ever told) you had asthma?

(109)

- 1 Yes
- 2 No [GO TO Q6.6]
- 7 Don't know / Not sure [GO TO Q6.6]
- 9 Refused [GO TO Q6.6]

6.5 Do you still have asthma? (110)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.6 (Ever told) you had skin cancer? (111)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.7 (Ever told) you had any other types of cancer? (112)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis? (113)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (114)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: ARTHRITIS DIAGNOSES INCLUDE:

- RHEUMATISM, POLYMYALGIA RHEUMATICA
- OSTEOARTHRITIS (NOT OSTEOPOROSIS)
- TENDONITIS, BURSITIS, BUNION, TENNIS ELBOW
- CARPAL TUNNEL SYNDROME, TARSAL TUNNEL SYNDROME
- JOINT INFECTION, REITER'S SYNDROME
- ANKYLOSING SPONDYLITIS; SPONDYLOSIS
- ROTATOR CUFF SYNDROME
- CONNECTIVE TISSUE DISEASE, SCLERODERMA, POLYMYOSITIS, RAYNAUD'S SYNDROME
- VASCULITIS (GIANT CELL ARTERITIS, HENOCHE-SCHONLEIN PURPURA, WEGENER'S GRANULOMATOSIS,
- POLYARTERITIS NODOSA)

6.10 (Ever told) you have a depressive disorder, (including depression, major depression, dysthymia (DIS-THY-MEE-UH)), or minor depression?

(115)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence.

(116)

INTERVIEWER NOTE: INCONTINENCE IS NOT BEING ABLE TO CONTROL URINE FLOW.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.12 (Ever told) you have diabetes?

(117)

[INTERVIEWER NOTE: IF "YES" AND RESPONDENT IS FEMALE, ASK: "WAS THIS ONLY WHEN YOU WERE PREGNANT?"]

[INTERVIEWER NOTE: IF RESPONDENT SAYS PRE-DIABETES OR BORDERLINE DIABETES, USE RESPONSE CODE 4.]

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

[CATI NOTE: IF Q6.12 = 1 (YES), GO TO NEXT QUESTION. IF ANY OTHER RESPONSE TO Q6.12, GO TO PRE-DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.]

6.13 How old were you when you were told you have diabetes?

(118-119)

- __ Code age in years [97 = 97 and older]
- 98 Don't know / Not sure
- 99 Refused

[CATI NOTE: GO TO DIABETES OPTIONAL MODULE (IF USED). OTHERWISE, GO TO NEXT SECTION.]

State-added 2: Diabetes Management

CATI NOTE: Module only asked to those that indicate they have diabetes (6.12 = 1)

SC 2.1 Are you now taking insulin?

(903)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

SC 2.2 About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(904-906)

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

SC 2.3 About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

(907-909)

- 1 _ _ Times per day
- 2 _ _ Times per week
- 3 _ _ Times per month
- 4 _ _ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

SC 2.4 About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(910-911)

- _ _ Number of times [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

SC 2.5 A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

(912-913)

- — Number of times [76 = 76 or more]
- 8 8 None
- 9 8 Never heard of "A one C" test
- 7 7 Don't know / Not sure
- 9 9 Refused

SC 2.6 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

(914-915)

- — Number of times [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

SC 2.7 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

(916)

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago

Do not read:

- 7 Don't know / Not sure
- 8 Never
- 9 Refused

SC 2.8 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

(917)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

SC 2.9 Have you ever taken a course or class in how to manage your diabetes yourself?

(918)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-added 3: Diabetes Risk Assessment

SC 3.1 Which of the following family members, if any, have been told by a doctor that they have diabetes? Include only blood relatives Do not include adoptive or those related only by marriage.

(919-922)

SELECT ALL THAT APPLY:

- 1 Mother
- 2 Father
- 3 Brothers [Interviewer instruction: include half brother]
- 4 Sisters [Interviewer instruction: include half sister]
- 5 No one

Optional Module 1: Pre-Diabetes

[CATI NOTE: ONLY ASKED OF THOSE NOT RESPONDING "YES" (CODE = 1) TO CORE Q6.12 (DIABETES AWARENESS QUESTION).]

OM1.1. Have you had a test for high blood sugar or diabetes within the past three years?
(290)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

[CATI NOTE: IF CORE Q6.12 = 4 (NO, PRE-DIABETES OR BORDERLINE DIABETES); ANSWER Q2 "YES" (CODE = 1).]

OM1.2. Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

INTERVIEWER INSTRUCTIONS: IF "YES" AND RESPONDENT IS FEMALE, ASK: "WAS THIS ONLY WHEN YOU WERE PREGNANT?"

(291)

- 1 Yes
- 2 Yes, during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

State-added 4: Obstructive Sleep Apnea

SC 4.1 Has a doctor ever diagnosed you with a condition called obstructive sleep apnea (also known as OSA) based on a sleep study?

(923)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 7: Arthritis Burden

[CATI NOTE: IF Q6.9 = 1 (YES) THEN CONTINUE, ELSE GO TO NEXT SECTION.]

Next, I will ask you about your arthritis.

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint.

7.1 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (120)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: "PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT."

INTERVIEWER NOTE: Q7.2 SHOULD BE ASKED OF ALL RESPONDENTS REGARDLESS OF EMPLOYMENT. STATUS.

7.2 In this next question, we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (121)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER INSTRUCTION: IF RESPONDENT GIVES AN ANSWER TO EACH ISSUE (WHETHER RESPONDENT WORKS, TYPE OF WORK, OR AMOUNT OF WORK), THEN IF ANY ISSUE IS "YES" MARK THE OVERALL RESPONSE AS "YES."

IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: "PLEASE ANSWER THE QUESTION BASED ON YOUR

CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT."

7.3 During the past 30 days, to what extent has your arthritis or joint symptoms interfered with your normal social activities, such as going shopping, to the movies, or to religious or social gatherings? Would you say...

(122)

Please read [1-3]:

- 1 A lot
- 2 A little
- 3 Not at all

Do not read:

- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER INSTRUCTION: IF A QUESTION ARISES ABOUT MEDICATIONS OR TREATMENT, THEN THE INTERVIEWER SHOULD SAY: "PLEASE ANSWER THE QUESTION BASED ON YOUR CURRENT EXPERIENCE, REGARDLESS OF WHETHER YOU ARE TAKING ANY MEDICATION OR TREATMENT."

7.4 Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. On a scale of 0 to 10 where 0 is no pain or aching and 10 is pain or aching as bad as it can be, DURING THE PAST 30 DAYS, how bad was your joint pain ON AVERAGE?

- — Enter number [00-10] (123-124)
- 77 Don't know / Not sure
- 99 Refused

Optional Module 6: Arthritis Management

[CATI NOTE: IF CORE Q6.9 = 1 (YES), CONTINUE. OTHERWISE, GO TO NEXT MODULE.]

OM6.1. Earlier you indicated that you had arthritis or joint symptoms. Thinking about your arthritis or joint symptoms, which of the following best describes you today?

(331)

Please read:

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

Do not read:

- 7 Don't know / Not sure
- 9 Refused

OM6.2. Has a doctor or other health professional EVER suggested losing weight to help your arthritis or joint symptoms?

(332)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

OM6.3. Has a doctor or other health professional ever suggested physical activity or exercise to help your arthritis or joint symptoms?

INTERVIEWER NOTE: IF THE RESPONDENT IS UNCLEAR ABOUT WHETHER THIS MEANS AN INCREASE OR DECREASE IN PHYSICAL ACTIVITY, THIS MEANS INCREASE.
(333)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

OM6.4. Have you EVER taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

(334)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 8: Demographics

8.1 Are you ...

(125)

- 1 Male
- 2 Female
- 9 Refused

INTERVIEWER NOTE: ASK THIS QUESTION EVEN IF THE RESPONDENT'S SEX HAS BEEN IDENTIFIED DURING LANDLINE HOUSEHOLD ENUMERATION OR CELL PHONE SCREENING QUESTIONS.

8.2 What is your age?

(126-127)

- | | |
|----|-----------------------|
| -- | Code age in years |
| 07 | Don't know / Not sure |
| 09 | Refused |

8.3 Are you Hispanic, Latino/a, or Spanish origin?

(128-131)

If yes, ask: Are you...

INTERVIEWER NOTE: *One Or More Categories May Be Selected.*

- | | |
|---|---|
| 1 | Mexican, Mexican American, Chicano/a |
| 2 | Puerto Rican |
| 3 | Cuban |
| 4 | Another Hispanic, Latino/a, or Spanish origin |

Do not read:

- | | |
|---|-----------------------|
| 5 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

8.4 Which one or more of the following would you say is your race?

(132-159)

INTERVIEWER NOTE: SELECT ALL THAT APPLY.

INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.

Please read:

- | | |
|----|----------------------------------|
| 10 | White |
| 20 | Black or African American |
| 30 | American Indian or Alaska Native |
| 40 | Asian |
| | 41 Asian Indian |
| | 42 Chinese |
| | 43 Filipino |
| | 44 Japanese |
| | 45 Korean |
| | 46 Vietnamese |
| | 47 Other Asian |
| 50 | Pacific Islander |
| | 51 Native Hawaiian |
| | 52 Guamanian or Chamorro |
| | 53 Samoan |
| | 54 Other Pacific Islander |

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

[CATI NOTE: IF MORE THAN ONE RESPONSE TO Q8.4; CONTINUE. OTHERWISE, GO TO Q8.6.]

8.5 Which one of these groups would you say best represents your race?

INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORY UNDERNEATH MAJOR HEADING. IF RESPONDENT HAS SELECTED MULTIPLE RACES IN PREVIOUS AND REFUSES TO SELECT A SINGLE RACE, CODE "REFUSED."

(160-161)

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

- 60 Other
- 77 Don't know / Not sure
- 99 Refused

8.6 Are you...?

(162)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married, or
- 6 A member of an unmarried couple

Do not read:

9 Refused

8.7 What is the highest grade or year of school you completed? (163)

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)

Do not read:

9 Refused

8.8 Do you own or rent your home? (164)

Read only if necessary:

- 1 Own
- 2 Rent
- 3 Other arrangement

Do not read:

- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: "OTHER ARRANGEMENT" MAY INCLUDE GROUP HOME, STAYING WITH FRIENDS OR FAMILY WITHOUT PAYING RENT.

INTERVIEWER NOTE: HOME IS DEFINED AS THE PLACE WHERE YOU LIVE MOST OF THE TIME/THE MAJORITY OF THE YEAR.

INTERVIEWER NOTE: IF RESPONDENT ASKS ABOUT WHY WE ARE ASKING THIS QUESTION: WE ASK THIS QUESTION IN ORDER TO COMPARE HEALTH INDICATORS AMONG PEOPLE WITH DIFFERENT HOUSING SITUATIONS.

8.9 In what county do you currently live? (165-167)

- — — ANSI County Code (formerly FIPS county code)
- 777 Don't know / Not sure
- 999 Refused

8.10 What is the ZIP Code where you currently live? (168-172)

— — — — —	ZIP Code
77777	Don't know / Not sure
99999	Refused

[CATI NOTE: IF CELL TELEPHONE INTERVIEW SKIP TO 8.14 (QSTVER GE 20)]

8.11 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (173)

1	Yes	
2	No	[GO TO Q8.13]
7	Don't know / Not sure	[GO TO Q8.13]
9	Refused	[GO TO Q8.13]

8.12 How many of these telephone numbers are residential numbers? (174)

—	Residential telephone numbers [6 = 6 or more]
7	Don't know / Not sure
9	Refused

8.13 Including phones for business and personal use, do you have a cell phone for personal use? (175)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

8.14 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

(176)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

Do not read:

8.15 Are you currently...?

INTERVIEWER NOTE: IF MORE THAN ONE, SAY "SELECT THE CATEGORY WHICH BEST DESCRIBES YOU".

Please read: (177)

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for 1 year or more
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired, or
- 8 Unable to work

Do not read:

- 9 Refused

INTERVIEWER NOTE: DO NOT CODE 7 FOR "DON'T KNOW" ON THIS QUESTION.

8.16 How many children less than 18 years of age live in your household?(178-179)

- Number of children
- 88 None
- 99 Refused

8.17 Is your annual household income from all sources—

INTERVIEWER NOTE: IF RESPONDENT REFUSES AT ANY INCOME LEVEL, CODE '99' (REFUSED) (180-181)

- 04 Less than \$25,000 If "no," ask 05; if "yes," ask 03 (\$20,000 to less than \$25,000)
- 03 Less than \$20,000 If "no," code 04; if "yes," ask 02 (\$15,000 to less than \$20,000)
- 02 Less than \$15,000 If "no," code 03; if "yes," ask 01 (\$10,000 to less than \$15,000)
- 01 Less than \$10,000 If "no," code 02
- 05 Less than \$35,000 If "no," ask 06 (\$25,000 to less than \$35,000)
- 06 Less than \$50,000 If "no," ask 07 (\$35,000 to less than \$50,000)
- 07 Less than \$75,000 If "no," code 08 (\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read:

77 Don't know / Not sure
99 Refused

8.18 Have you used the internet in the past 30 days? (182)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

8.19 About how much do you weigh without shoes?
INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 183.
ROUND FRACTIONS UP

(183-186)

Weight
(pounds/kilograms)
7777 Don't know / Not sure
9999 Refused

8.20 About how tall are you without shoes?

INTERVIEWER NOTE: IF RESPONDENT ANSWERS IN METRICS, PUT "9" IN COLUMN 187.
ROUND FRACTIONS DOWN

(187-190)

Height
(ft / inches/meters/centimeters)
77/ 77 Don't know / Not sure
99/ 99 Refused

[CATI NOTE: IF MALE, GO TO 8.22, IF FEMALE RESPONDENT IS 50 YEARS OLD OR OLDER, GO TO Q8.22]

8.21 To your knowledge, are you now pregnant? (191)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

The following questions are about health problems or impairments you may have.

Some people who are deaf or have serious difficulty hearing may or may not use equipment to communicate by phone.

8.22 Are you deaf or do you have serious difficulty hearing?

(192)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

8.23 Are you blind or do you have serious difficulty seeing, even when wearing glasses? (193)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

8.24 Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (194)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.25 Do you have serious difficulty walking or climbing stairs?

(195)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.26 Do you have difficulty dressing or bathing?

(196)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.27 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (197)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 9: Tobacco Use

9.1 Have you smoked at least 100 cigarettes in your entire life? (198)

INTERVIEWER NOTE: 5 PACKS = 100 CIGARETTES

- | | | |
|---|-----------------------|--------------|
| 1 | Yes | |
| 2 | No | [GO TO Q9.5] |
| 7 | Don't know / Not sure | [GO TO Q9.5] |
| 9 | Refused | [GO TO Q9.5] |

INTERVIEWER NOTE: "FOR CIGARETTES, DO NOT INCLUDE: ELECTRONIC CIGARETTES (E-CIGARETTES, NJOY, BLUETIP), HERBAL CIGARETTES, CIGARS, CIGARILLOS, LITTLE CIGARS, PIPES, BIDIS, KRETEKS, WATER PIPES (HOOKAHS), OR MARIJUANA."

9.2 Do you now smoke cigarettes every day, some days, or not at all? (199)

Do not read:

- | | | |
|---|-----------------------|--------------|
| 1 | Every day | |
| 2 | Some days | |
| 3 | Not at all | [GO TO Q9.4] |
| 7 | Don't know / Not sure | [GO TO Q9.5] |
| 9 | Refused | [GO TO Q9.5] |

9.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (200)

- | | | |
|---|-----------------------|--------------|
| 1 | Yes | [GO TO Q9.5] |
| 2 | No | [GO TO Q9.5] |
| 7 | Don't know / Not sure | [GO TO Q9.5] |
| 9 | Refused | [GO TO Q9.5] |

9.4 How long has it been since you last smoked a cigarette, even one or two puffs? (201-202)

Read only if necessary:

- | | |
|----|--|
| 01 | Within the past month (less than 1 month ago) |
| 02 | Within the past 3 months (1 month but less than 3 months ago) |
| 03 | Within the past 6 months (3 months but less than 6 months ago) |
| 04 | Within the past year (6 months but less than 1 year ago) |
| 05 | Within the past 5 years (1 year but less than 5 years ago) |
| 06 | Within the past 10 years (5 years but less than 10 years ago) |
| 07 | 10 years or more |
| 08 | Never smoked regularly |

Do not read:

- | | |
|----|-----------------------|
| 77 | Don't know / Not sure |
| 99 | Refused |

9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?
(203)

INTERVIEWER NOTE: SNUS (RHYMES WITH 'GOOSE')/ SNUS (SWEDISH FOR SNUFF) IS A MOIST SMOKELESS TOBACCO, USUALLY SOLD IN SMALL POUCHES THAT ARE PLACED UNDER THE LIP AGAINST THE GUM.

Do not read:

- 1 Every day
- 2 Some days
- 3 Not at all

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 10: E-Cigarettes

"The next questions are about electronic cigarettes and other electronic "vaping" products. These products typically contain nicotine, flavors, and other ingredients. Do not include products used only for marijuana."

INTERVIEWER NOTE: THESE QUESTIONS CONCERN ELECTRONIC VAPING PRODUCTS FOR NICOTINE USE. THE USE OF ELECTRONIC VAPING PRODUCTS FOR MARIJUANA USE IS NOT INCLUDED IN THESE QUESTIONS.

10.1 Have you ever used an e-cigarette or other electronic "vaping" product, even just one time, in your entire life?
(204)

Read if necessary: Electronic cigarettes (e-cigarettes) and other electronic "vaping" products include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery-powered and usually contain nicotine and flavors such as fruit, mint, or candy.

- 1 Yes
- 2 No [GO TO NEXT SECTION]
- 7 Don't know / Not Sure [GO TO NEXT SECTION]
- 9 Refused [GO TO NEXT SECTION]

10.2 Do you now use e-cigarettes or other electronic "vaping" products every day, some days, or not at all?
(205)

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not
- 9 Refused

Optional Module 15: Marijuana

OM15.1. During the past 30 days, on how many days did you use marijuana or hashish (HA-SHEESH)? (432-433)

- (1-30) Number of Days
- 88 None (0 days) [GO TO NEXT MODULE]
- 77 Don't know/not sure [GO TO NEXT MODULE]
- 99 Refused [GO TO NEXT MODULE]

OM15.2. [CATI NOTE: ASKED ONLY OF CURRENT MARIJUANA USERS]. During the past 30 days, what was the primary mode you used for marijuana? Please select one. Did you... (434)

Please read:

- 1 Smoke it (for example, in a joint, bong, pipe, or blunt).
- 2 Eat it (for example, in brownies, cakes, cookies, or candy)
- 3 Drink it (for example, in tea, cola, or alcohol)
- 4 Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device)
- 5 Dab it (for example, using waxes or concentrates).
- 6 Use it some other way.

Do not read:

- 7 Don't know/not sure
- 9 Refused

OM15.3. [CATI NOTE: ASKED ONLY OF CURRENT MARIJUANA USERS]. When you used marijuana or hashish (HA-SHEESH) during the past 30 days, was it for medical reasons to treat or decrease symptoms of a health condition, or was it for non-medical reasons to get pleasure or satisfaction (such as: excitement, to "fit in" with a group, increased awareness, to forget worries, for fun at a social gathering). (435)

Read if necessary:

- 1 Only for medical reasons to treat or decrease symptoms of a health condition
- 2 Only for non-medical purposes to get pleasure or satisfaction
- 3 Both medical and non-medical reasons

Do not read:

- 7 Don't know/Not sure
- 9 Refused

Section 11: Alcohol Consumption

11.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

(206-208)

- | | | |
|-------|---------------------------|----------------------|
| 1 _ _ | Days per week | |
| 2 _ _ | Days in past 30 days | |
| 888 | No drinks in past 30 days | [GO TO NEXT SECTION] |
| 777 | Don't know / Not sure | [GO TO NEXT SECTION] |
| 999 | Refused | [GO TO NEXT SECTION] |

11.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

INTERVIEWER NOTE: A 40 OUNCE BEER WOULD COUNT AS 3 DRINKS, OR A COCKTAIL DRINK WITH 2 SHOTS WOULD COUNT AS 2 DRINKS.

(209-210)

- | | |
|-----|-----------------------|
| _ _ | Number of drinks |
| 77 | Don't know / Not sure |
| 99 | Refused |

11.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI NOTE: X = 5 FOR MEN, X = 4 FOR WOMEN] or more drinks on an occasion?

(211-212)

- | | |
|-----|-----------------------|
| _ _ | Number of times |
| 88 | None |
| 77 | Don't know / Not sure |
| 99 | Refused |

11.4 During the past 30 days, what is the largest number of drinks you had on any occasion?

(213-214)

- | | |
|-----|-----------------------|
| _ _ | Number of drinks |
| 77 | Don't know / Not sure |
| 99 | Refused |

Section 12: Fruits and Vegetables

Now think about the foods you ate or drank during the past month, that is, the past 30 days, including meals and snacks.

INTERVIEWER INSTRUCTIONS: IF A RESPONDENT INDICATES THAT THEY CONSUME A FOOD ITEM EVERY DAY THEN ENTER THE NUMBER OF TIMES PER DAY. IF THE RESPONDENT INDICATES THAT THEY EAT A FOOD LESS THAN DAILY, THEN ENTER TIMES PER WEEK OR TIME PER MONTH. DO NOT ENTER TIME PER DAY UNLESS THE

RESPONDENT REPORTS THAT HE/SHE CONSUMED THAT FOOD ITEM EACH DAY DURING THE PAST MONTH.

12.1 Not including juices, how often did you eat fruit? You can tell me times per day, times per week or times per month. (215-217)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH. IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS WHAT TO INCLUDE OR SAYS 'I DON'T KNOW': INCLUDE FRESH, FROZEN OR CANNED FRUIT. DO NOT INCLUDE DRIED FRUITS.

1_ _	Day
2_ _	Week
3_ _	Month
300	Less than once a month
555	Never
777	Don't Know
999	Refused

12.2 Not including fruit-flavored drinks or fruit juices with added sugar, how often did you drink 100% fruit juice such as apple or orange juice? (218-220)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT EXAMPLES OF FRUIT-FLAVORED DRINKS: "DO NOT INCLUDE FRUIT-FLAVORED DRINKS WITH ADDED SUGAR LIKE CRANBERRY COCKTAIL, HI-C, LEMONADE, KOOL-AID, GATORADE, TAMPICO, AND SUNNY DELIGHT. INCLUDE ONLY 100% PURE JUICES OR 100% JUICE BLENDS."

1_ _	Day
2_ _	Week
3_ _	Month
300	Less than once a month
555	Never
777	Don't Know
999	Refused



12.3 How often did you eat a green leafy or lettuce salad, with or without other vegetables?
(221-223)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK
"WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT SPINACH: "INCLUDE SPINACH SALADS."

1_ _	Day
2_ _	Week
3_ _	Month
300	Less than once a month
555	Never
777	Don't Know
999	Refused

12.4 How often did you eat any kind of fried potatoes, including french fries, home fries, or hash browns?
(224-226)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK
"WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT POTATO CHIPS: "DO NOT INCLUDE POTATO CHIPS."

1_ _	Day
2_ _	Week
3_ _	Month
300	Less than once a month
555	Never
777	Don't Know
999	Refused

12.5 How often did you eat any other kind of potatoes, or sweet potatoes, such as baked, boiled, mashed potatoes, or potato salad?
(227-229)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK
"WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT WHAT TYPES OF POTATOES TO INCLUDE:
 "INCLUDE ALL TYPES OF POTATOES EXCEPT FRIED. INCLUDE POTATOES AU GRATIN,
 SCALLOPED POTATOES."

- 1__ Day
- 2__ Week
- 3__ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

12.6 Not including lettuce salads and potatoes, how often did you eat other vegetables?
 (230-232)

INTERVIEWER NOTE: ENTER QUANTITY IN TIMES PER DAY, WEEK, OR MONTH.

INTERVIEWER NOTE: IF RESPONDENT GIVES A NUMBER WITHOUT A TIME FRAME, ASK
 "WAS THAT PER DAY, WEEK, OR MONTH?"

READ IF RESPONDENT ASKS ABOUT WHAT TO INCLUDE: "INCLUDE TOMATOES,
 GREEN BEANS, CARROTS, CORN, CABBAGE, BEAN SPROUTS, COLLARD GREENS, AND
 BROCCOLI. INCLUDE RAW, COOKED, CANNED, OR FROZEN VEGETABLES. DO NOT
 INCLUDE RICE."

- 1__ Day
- 2__ Week
- 3__ Month
- 300 Less than once a month
- 555 Never
- 777 Don't Know
- 999 Refused

Section 13: Exercise (Physical Activity)

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

INTERVIEWER INSTRUCTION: If respondent does not have a "regular job duty" or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.

13.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?
 (233)

- 1 Yes
- 2 No [GO TO Q13.8]
- 7 Don't know / Not sure [GO TO Q13.8]
- 9 Refused [GO TO Q13.8]

13.2 What type of physical activity or exercise did you spend the most time doing during the past month? (234-235)

__	(Specify)	[See Physical Activity Coding List]
77	Don't know / Not Sure	[GO TO Q13.8]
99	Refused	[GO TO Q13.8]

INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE PHYSICAL ACTIVITY CODING LIST, CHOOSE THE OPTION LISTED AS "OTHER".

13.3 How many times per week or per month did you take part in this activity during the past month? (236-238)

1__	Times per week
2__	Times per month
777	Don't know / Not sure
999	Refused

13.4 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (239-241)

__:__	Hours and minutes
777	Don't know / Not sure
999	Refused

13.5 What other type of physical activity gave you the next most exercise during the past month? (242-243)

__	(Specify)	[See Physical Activity Coding List]
88	No other activity	[GO TO Q13.8]
77	Don't know / Not Sure	[GO TO Q13.8]
99	Refused	[GO TO Q13.8]

INTERVIEWER INSTRUCTION: IF THE RESPONDENT'S ACTIVITY IS NOT INCLUDED IN THE CODING PHYSICAL ACTIVITY LIST, CHOOSE THE OPTION LISTED AS "OTHER".

13.6 How many times per week or per month did you take part in this activity during the past month? (244-246)

1__	Times per week
2__	Times per month
777	Don't know / Not sure
999	Refused

13.7 And when you took part in this activity, for how many minutes or hours did you usually keep at it? (247-249)

__:_:_ Hours and minutes
 777 Don't know / Not sure
 999 Refused

13.8 During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. (250-252)

1_ _ Times per week
 2_ _ Times per month
 888 Never
 777 Don't know / Not sure
 999 Refused

Section 14: Seatbelt Use

14.1 How often do you use seat belts when you drive or ride in a car? Would you say (253)

—
 Please read: 1 Always
 2 Nearly always
 3 Sometimes
 4 Seldom
 5 Never

Do not read:
 7 Don't know / Not sure
 8 Never drive or ride in a car
 9 Refused

Section 15: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

15.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (254)

Read only if necessary: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

1 Yes
 2 No [GO TO Q15.3]
 7 Don't know / Not sure [GO TO Q15.3]
 9 Refused [GO TO Q15.3]

15.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?

(255-260)

__ / __	Month / Year
77 / 7777	Don't know / Not sure
99 / 9999	Refused

15.3 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

(261)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

[CATI NOTE: IF RESPONDENT IS less than 50 YEARS OF AGE, GO TO NEXT SECTION.]

15.4. Have you ever had the shingles or zoster vaccine?

(262)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

INTERVIEWER NOTE (READ IF NECESSARY): SHINGLES IS CAUSED BY THE CHICKEN POX VIRUS. IT IS AN OUTBREAK OF RASH OR BLISTERS ON THE SKIN THAT MAY BE ASSOCIATED WITH SEVERE PAIN. A VACCINE FOR SHINGLES HAS BEEN AVAILABLE SINCE MAY 2006; IT IS CALLED ZOSTAVAX®, THE ZOSTER VACCINE, OR THE SHINGLES VACCINE.

Section 16: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

16.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

(263)

1	Yes	
2	No	[GO TO Q16.3]
7	Don't know /Not sure	[GO TO Q16.3]
9	Refused	[GO TO Q16.3]

16.2 Not including blood donations, in what month and year was your last HIV test?

INTERVIEWER INSTRUCTIONS: IF RESPONSE IS BEFORE JANUARY 1985, CODE "DON'T KNOW." IF THE RESPONDENT REMEMBERS THE YEAR BUT CANNOT REMEMBER THE MONTH, CODE THE FIRST TWO DIGITS 77 AND THE LAST FOUR DIGITS FOR THE YEAR.
(264-269)

__/____	Code month and year
77/7777	Don't know / Not sure
99/9999	Refused / Not sure

16.3 I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.
(270)

You have injected any drug other than those prescribed for you in the past year.
 You have been treated for a sexually transmitted disease or STD in the past year.
 You have given or received money or drugs in exchange for sex in the past year.
 You had anal sex without a condom in the past year.
 You had four or more sex partners in the past year.
 Do any of these situations apply to you?

1	Yes
2	No
7	Don't know / Not sure
9	Refused

Module 16: Preconception Health/Family Planning

[CATI NOTE: IF RESPONDENT IS FEMALE AND GREATER THAN 49 YEARS OF AGE, HAS HAD A HYSTERECTOMY, IS PREGNANT, OR IF RESPONDENT IS MALE GO TO THE NEXT MODULE.]

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

OM16.1 Did you or your partner do anything the last time you had sex to keep you from getting pregnant? (436)

1	Yes
2	No [GO TO Q3]
3	No partner/not sexually active [GO TO NEXT MODULE]
4	Same sex partner [GO TO NEXT MODULE]
5	Has had a Hysterectomy [GO TO NEXT MODULE]
7	Don't know/Not sure [GO TO Q3]
9	Refused [GO TO Q3].

OM16.2 What did you or your partner do the last time you had sex to keep you from getting pregnant?

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING MORE THAN ONE METHOD, PLEASE CODE THE METHOD THAT OCCURS FIRST ON THE LIST.

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING "CONDOMS," PROBE TO DETERMINE IF "FEMALE CONDOMS" OR MALE CONDOMS."

INTERVIEWER NOTE: IF RESPONDENT REPORTS USING AN "IUD" PROBE TO DETERMINE IF "LEVONORGESTREL IUD" OR "COPPER-BEARING IUD."

INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER METHOD," ASK RESPONDENT TO "PLEASE BE SPECIFIC" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Read only if necessary: (437-438)

- 01 Female sterilization (ex. Tubal ligation, Essure, Adiana) [GO TO NEXT MODULE]
- 02 Male sterilization (vasectomy) [GO TO NEXT MODULE]
- 03 Contraceptive implant (ex. Implanon) [GO TO NEXT MODULE]
- 04 Levonorgestrel (LEE-voe-nor-JES-trel) (LNG) or hormonal IUD (ex. Mirena) [GO TO NEXT MODULE]
- 05 Copper-bearing IUD (ex. ParaGard) [GO TO NEXT MODULE]
- 06 IUD, type unknown [GO TO NEXT MODULE]
- 07 Shots (ex. Depo-Provera) [GO TO NEXT MODULE]
- 08 Birth control pills, any kind [GO TO NEXT MODULE]
- 09 Contraceptive patch (ex. Ortho Evra) [GO TO NEXT MODULE]
- 10 Contraceptive ring (ex. NuvaRing) [GO TO NEXT MODULE]
- 11 Male condoms [GO TO NEXT MODULE]
- 12 Diaphragm, cervical cap, sponge [GO TO NEXT MODULE]
- 13 Female condoms [GO TO NEXT MODULE]
- 14 Not having sex at certain times (rhythm or natural family planning) [GO TO NEXT MODULE]
- 15 Withdrawal (or pulling out) [GO TO NEXT MODULE]
- 16 Foam, jelly, film, or cream [GO TO NEXT MODULE]
- 17 Emergency contraception (morning after pill) [GO TO NEXT MODULE]
- 18 Other method [GO TO NEXT MODULE]

Do not read:

- 77 Don't know/Not sure
- 99 Refused

Some reasons for not doing anything to keep you from getting pregnant the last time you had sex might include wanting a pregnancy, not being able to pay for birth control, or not thinking that you can get pregnant.

OM16.3 What was your main reason for not doing anything the last time you had sex to keep you from getting pregnant?
(439-440)

INTERVIEWER NOTE: IF RESPONDENT REPORTS "OTHER REASON," ASK RESPONDENT TO "PLEASE SPECIFY" AND ENSURE THAT THEIR RESPONSE DOES NOT FIT INTO ANOTHER CATEGORY. IF RESPONSE DOES FIT INTO ANOTHER CATEGORY, PLEASE MARK APPROPRIATELY.

Read only if necessary:

- 01 You didn't think you were going to have sex/no regular partner
- 02 You just didn't think about it
- 03 Don't care if you get pregnant
- 04 You want a pregnancy
- 05 You or your partner don't want to use birth control
- 06 You or your partner don't like birth control/side effects
- 07 You couldn't pay for birth control
- 08 You had a problem getting birth control when you needed
- 09 Religious reasons
- 10 Lapse in use of a method
- 11 Don't think you or your partner can get pregnant (infertile or too old)
- 12 You had tubes tied (sterilization)
- 13 You had a hysterectomy
- 14 Your partner had a vasectomy (sterilization)
- 15 You are currently breast-feeding
- 16 You just had a baby/postpartum
- 17 You are pregnant now
- 18 Same sex partner
- 19 Other reasons

- 77 Don't know/Not sure
- 99 Refused

Module 17: Influenza

[CATI NOTE: IF Q15.1 = 1 (YES) THEN CONTINUE, ELSE GO TO NEXT MODULE.]

1. Earlier, you told me you had received an influenza vaccination in the past 12 months. At what kind of place did you get your last flu shot/vaccine?

Read only if necessary: (441-442)

- 01 A doctor's office or health maintenance organization (HMO)
- 02 A health department
- 03 Another type of clinic or health center (Example: a community health center)
- 04 A senior, recreation, or community center
- 05 A store (Examples: supermarket, drug store)
- 06 A hospital (Example: inpatient)
- 07 An emergency room
- 08 Workplace
- 09 Some other kind of place
- 10 Received vaccination in Canada/Mexico (Volunteered – Do not read)
- 11 A school
- 77 Don't know / Not sure (Probe: "How would you describe the place where you went to get your most recent flu vaccine?"

Do not read:

- 99 Refused

Module 18: Adult Human Papillomavirus (HPV)

[CATI NOTE: TO BE ASKED OF RESPONDENTS BETWEEN THE AGES OF 18 AND 49 YEARS; OTHERWISE, GO TO NEXT MODULE.]

INTERVIEWER NOTE: HUMAN PAPILLOMAVIRUS (HUMAN PAP·UH·LOH·MUH VIRUS); GARDASIL (GAR·DUH· SEEL); CERVARIX (SIR·VAR· ICKS)

1. A vaccine to prevent the human papillomavirus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, [Fill: if female "GARDASIL or CERVARIX"; if male " or GARDASIL"]. Have you EVER had an HPV vaccination?

(443)

- 1 Yes
- 2 No [GO TO NEXT MODULE]
- 3 Doctor refused when asked [GO TO NEXT MODULE]
- 7 Don't know / Not sure [GO TO NEXT MODULE]
- 9 Refused [GO TO NEXT MODULE]

2. How many HPV shots did you receive? (444-445)
- | | |
|-----|-----------------------|
| -- | Number of shots |
| 0 3 | All shots |
| 77 | Don't know / Not sure |
| 99 | Refused |

Module 19: Tetanus, Diphtheria, and Acellular Pertussis (Tdap) (Adults)

Next, I will ask you about the tetanus diphtheria (DIP-THEER-EE-UH) vaccination.

1. Since 2005, have you had a tetanus shot? (446)

INTERVIEWER NOTE: IF YES, ASK: WAS THIS TDAP, THE TETANUS SHOT THAT ALSO HAS PERTUSSIS OR WHOOPING COUGH VACCINE?

- | | |
|---|---|
| 1 | Yes, received TDAP |
| 2 | Yes, received tetanus shot, but not TDAP |
| 3 | Yes, received tetanus shot but not sure what type |
| 4 | No, did not receive any tetanus since 2005 |
| 7 | Don't know/Not sure |
| 9 | Refused |

State-added 6: Wearable Devices

- SC6.1 Do you track your nutrition, sleep, or physical activity using a wearable device or a mobile application (such as Fitbit, Samsung Gear Fit, Apple fitness app or other consumer application)? (937)
- | | |
|----|----------------------------|
| 1. | Yes |
| 2. | No (end of module) |
| 7. | DON'T KNOW (end of module) |
| 9. | REFUSED (end of module) |

- SC6.2 What types of health information do you track using your mobile app or wearable device? (938-942)

READ IF NECESSARY/ SELECT ALL THAT APPLY:

- | | |
|----|---|
| 1. | Physical activity |
| 2. | Nutrition/ calories |
| 3. | Sleep |
| 4. | Chronic indicator (blood sugar, blood pressure) |
| 5. | Other |
| 7. | DON'T KNOW/NOT SURE |
| 9. | REFUSED |

SC6.3 How often do you enter information on your mobile app or wearable device?

(943)

READ IF NECESSARY:

1. It is automatically entered by the app
2. Multiple times per day
3. Daily
4. At least once per week
5. At least once per month
6. Less frequently than once per month
7. DON'T KNOW/NOT SURE
9. REFUSED

SC 6.4 Would you be willing to share information stored on your mobile device or app for use in public health research?

(944)

1. Yes
2. No (end of module)
7. DON'T KNOW/ NOT SURE (end of module)
9. REFUSED (end of module)

State-added 7: Disability

CATI NOTE: Only ask if 8.22 = 1, 8.23 = 1, 8.24 = 1, 8.25 = 1, 8.26 = 1, or 8.27 = 1

SC 7.1 Do problems with physical access to buildings or medical equipment – such as height adjustable exam tables, wheelchair accessible scales or mammography machines – limit your access to health care services? (If needed, CATI: Health care services may include going to a doctor, dentist, emergency room, hospital or mental health services).

(945)

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

INTERVIEWER INSTRUCTIONS: PLEASE READ: "The next question is about your involvement in health or wellness programs. These programs include topics such as weight loss, tobacco cessation, and stress education. They do not include alcohol or drug treatment programs."

SC 7.2 In the past 12 months, have you participated in any health or wellness programs designed for the general population?

(946)

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

SC 7.3 In the past 12 months, have you participated in any health and wellness programs designed specifically for people with disabilities?

(947)

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

State-added 8: Reactions to Race

INTERVIEWER INSTRUCTIONS: PLEASE READ: "Earlier I asked you to self-identify your race. Now I will ask you how other people identify you and treat you."

SC 8.1 How do other people usually classify you in this country? Would you say: White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group?

INTERVIEWER NOTE: If the respondent requests clarification of this question, say: "We want to know how OTHER people usually classify you in this country, which might be different from how you classify yourself."

(948)

- 1 White
- 2 Black or African American
- 3 Hispanic or Latino
- 4 Asian
- 5 Native Hawaiian or Other Pacific Islander
- 6 American Indian or Alaska Native
- 8 Some other group (please specify)
- 7 Don't know/not sure
- 9 Refused

SC 8.2 How often do you think about your race? Would you say...

INTERVIEWER INSTRUCTION: The responses can be interpreted as meaning “at least” the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check “once a month” as the response. [CATI skip pattern: This question should only be asked of those who are “employed for wages,” “self-employed,” or “out of work for less than one year.”]

(949)

- 1 Never
- 2 Once a year
- 3 Once a month
- 4 Once a week
- 5 Once a day
- 6 Once an hour
- 8 Constantly

- 7 Don't know/not sure
- 9 Refused

SC 8.3 Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races?

(950)

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race

- 7 Don't know/not sure
- 9 Refused

SC 8.4 Within the past 12 months when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races?

INTERVIEWER NOTE: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: “This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences.”

(951)

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races

- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know/not sure
- 9 Refused

SC 8.5 Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race? Would you say...

(952)

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

SC 8.6 Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race?

(953)

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

State-added 9: Adverse Childhood Experiences

INTERVIEWER INSTRUCTIONS: PLEASE READ: "I'd like to ask some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is potentially a sensitive topic and some people may feel uncomfortable with these questions. Please keep in mind that you can ask me to skip any question you do not want to answer. All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age-

SC 9.1 How often were you hungry because your family could not afford food? Would you say never, rarely, sometimes, often, or very often?

(NOTE: OK TO PROBE. It's OK to use general encouragements if Rs have trouble choosing a category, like "your best guess is fine" , "I can only enter one answer - which of those would you say comes closest to your experience?" , or reassuring reluctant Rs about confidentiality.)

(954)

- 1 Never
- 2 Rarely
- 3 Sometimes

- 4 Often
- 5 Very often
- 7 Don't know/not sure
- 9 Refused

SC 9.2 How often were you homeless when you were growing up? By "homeless" we mean that your family could not afford a place to live. Would you say never, rarely, sometimes, often, or very often?

(NOTE: OK TO PROBE. THIS MEANS HAVING TO STAY SOMEWHERE LIKE A TRANSITIONAL HOUSING PROGRAM, A SHELTER, A HOTEL OR MOTEL PAID BY VOUCHER, SOMEONE ELSE'S HOME, A CAR OR OTHER VEHICLE, AN ABANDONED BUILDING, ANYWHERE OUTSIDE, OR ANYWHERE ELSE NOT MEANT FOR PEOPLE TO LIVE.) (NOTE: R SHOULD REPORT ONLY ON PLACES WHERE THEY HAD TO STAY WHILE HOMELESS, NOT WHILE VACATIONING, CAMPING, OR VISITING RELATIVES.)

(955)

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very often
- 7 Don't know/not sure
- 9 Refused

SC 9.3 How often did you visit a dentist? Would you say at least once every two years, at least once every five years, less often than that, or never?

(NOTE: OK TO PROBE. IF FREQUENCY VARIED, ASK R TO GIVE A ROUGH AVERAGE.)

(956)

- 1 At least once every two years
- 2 At least once every five years
- 3 Less often than that
- 8 Never
- 7 Don't know/not sure
- 9 Refused

SC 9.4 For how much of your childhood was there an adult in your household who made you feel safe and protected? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

(NOTE: OK TO PROBE. THIS COULD BE ANY ADULT IN THE HOUSEHOLD, NOT JUST A PARENT.)

(957)

- 1 Never
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

- 7 Don't know/not sure
- 9 Refused

SC 9.5 Did your mother graduate from high school?

(NOTE: OK TO PROBE. IF PARENT HAD GED, ENTER "YES" . ONLY ENTER "YES" IF THE PARENT'S GRADUATION/GED OCCURRED BEFORE R'S 18TH BIRTHDAY.) (NOTE: IF R'S PARENTAL SITUATION IS COMPLICATED, SAY "the person you considered your mother when you were growing up" .)

(958)

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

SC 9.6 Did your father graduate from high school?

(NOTE: OK TO PROBE. IF PARENT HAD GED, ENTER "YES" . ONLY ENTER "YES" IF THE PARENT'S GRADUATION/GED OCCURRED BEFORE R'S 18TH BIRTHDAY.) (NOTE: IF R'S PARENTAL SITUATION IS COMPLICATED, SAY "the person you considered your father when you were growing up" .)

(959)

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

SC 9.7 For how much of your childhood did you live in a single-parent household? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

(NOTE: OK TO PROBE. It's OK to use general encouragements if R's have trouble choosing a category, like "your best guess is fine" , "I can only enter one answer - which of those would you say comes closest to your experience?" , or reassuring reluctant Rs about confidentiality.)

(960)

- 1 Never
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

- 7 Don't know/not sure
- 9 Refused

SC 9.8 For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met? Would you say never, a little of the time, some of the time, most of the time, or all of the time?

(NOTE: OK TO PROBE. THIS COULD BE ANY ADULT IN THE HOUSEHOLD, NOT JUST A PARENT. BASIC NEEDS ARE FOOD, CLOTHING, HOUSING, & MEDICAL CARE.)

(961)

- 1 Never
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

- 7 Don't know/not sure
- 9 Refused

State-added 5: Recovery from Substance Use

INTERVIEWER INSTRUCTIONS: PLEASE READ: "The following questions will allow us to better understand recovery and treatment and may help others in the future. Please keep in mind that all responses are anonymous and you can ask me to skip any question you do not want to answer."

SC 5.1 Do you currently have a problem with alcohol or drugs?

(924)

- 1 Yes [STOP - go to next section]
- 2 No
- 7 Don't know/not sure
- 9 Refused

SC 5.2 In your lifetime, have you ever had a problem with alcohol or drugs?

(925)

- 1 Yes
- 2 No [STOP - go to next section]
- 7 Don't know/not sure
- 9 Refused

INTERVIEWER NOTE: IF RESPONDENT REQUESTS INFORMATION ABOUT SUBSTANCE USE TREATMENT/RECOVERY, PLEASE READ: "For information about treatment for substance use disorders, please call the South Carolina Department of Alcohol and Other Drug Abuse Services at 803-896-5555 or visit its website at www.daodas.sc.gov." IF NECESSARY, READ: "Open Monday through Friday, 8:30 a.m. to 5:00 p.m., the Department of Alcohol and Other Drug Abuse Services coordinates a statewide system of services for individuals and family members facing substance use disorders."

SC 5.3 What resources helped you resolve your problem with alcohol or drugs?

(926-936)

Select all that apply:

- 1 Outpatient treatment, including intensive outpatient
- 2 Inpatient and residential treatment
- 3 Medication
- 4 Recovery support services, such as recovery coaching
- 5 12-Step fellowship
- 6 Natural supports- friends, family, mentor, person in recovery from substance use disorder
- 7 None—I stopped on my own
- 8 Other

- 77 Don't know/not sure
- 99 Refused

Module 26: Sexual Orientation and Gender Identity

The next two questions are about sexual orientation and gender identity.

INTERVIEWER NOTE: WE ASK THIS QUESTION IN ORDER TO BETTER UNDERSTAND THE HEALTH AND HEALTH CARE NEEDS OF PEOPLE WITH DIFFERENT SEXUAL ORIENTATIONS.

INTERVIEWER NOTE: PLEASE SAY THE NUMBER BEFORE THE TEXT RESPONSE. RESPONDENT CAN ANSWER WITH EITHER THE NUMBER OR THE TEXT/WORD.

1. Do you consider yourself to be: (684)

Please read:

- 1 1 - Straight
- 2 2 - Lesbian or gay
- 3 3 - Bisexual

Do not read:

- 4 Other
- 7 Don't know/Not sure
- 9 Refused

2. Do you consider yourself to be transgender? (685)

IF YES, ASK "DO YOU CONSIDER YOURSELF TO BE 1 MALE-TO-FEMALE, 2. FEMALE-TO-MALE, OR 3. GENDER NON-CONFORMING?"

INTERVIEWER NOTE: Please say the number before the "yes" text response. Respondent can answer with either the number or the text/word.

Please read:

- 1 Yes, Transgender, male-to-female
- 2 Yes, Transgender, female to male
- 3 Yes, Transgender, gender nonconforming
- 4 No

Do not read:

- 7 Don't know/not sure
- 9 Refused

INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF TRANSGENDER: SOME PEOPLE DESCRIBE THEMSELVES AS TRANSGENDER WHEN THEY EXPERIENCE A DIFFERENT GENDER IDENTITY FROM THEIR SEX AT BIRTH. FOR EXAMPLE, A PERSON BORN INTO A MALE BODY, BUT WHO FEELS FEMALE OR LIVES AS A WOMAN WOULD BE TRANSGENDER. SOME TRANSGENDER PEOPLE CHANGE THEIR PHYSICAL APPEARANCE SO THAT IT MATCHES THEIR INTERNAL GENDER IDENTITY. SOME TRANSGENDER PEOPLE TAKE HORMONES AND SOME HAVE SURGERY. A TRANSGENDER PERSON MAY BE OF ANY SEXUAL ORIENTATION – STRAIGHT, GAY, LESBIAN, OR BISEXUAL.

INTERVIEWER NOTE: IF ASKED ABOUT DEFINITION OF GENDER NON-CONFORMING: SOME PEOPLE THINK OF THEMSELVES AS GENDER NON-CONFORMING WHEN THEY DO NOT IDENTIFY ONLY AS A MAN OR ONLY AS A WOMAN.

Module 28: Random Child Selection

[CATI NOTE: IF CORE Q8.16 = 88, OR 99 (NO CHILDREN UNDER AGE 18 IN THE HOUSEHOLD, OR REFUSED), GO TO NEXT MODULE.]

CATI NOTE: IF CORE Q8.16 = 1, INTERVIEWER PLEASE READ: "PREVIOUSLY, YOU INDICATED THERE WAS ONE CHILD AGE 17 OR YOUNGER IN YOUR HOUSEHOLD. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THAT CHILD." [GO TO Q1]

[CATI NOTE: IF CORE Q8.16 IS >1 AND CORE Q8.16 DOES NOT EQUAL 88 OR 99, INTERVIEWER PLEASE READ: "PREVIOUSLY, YOU INDICATED THERE WERE [NUMBER] CHILDREN AGE 17 OR YOUNGER IN YOUR HOUSEHOLD. THINK ABOUT THOSE [NUMBER] CHILDREN IN ORDER OF THEIR BIRTH, FROM OLDEST TO YOUNGEST. THE OLDEST CHILD IS THE FIRST CHILD AND THE YOUNGEST CHILD IS THE LAST. PLEASE INCLUDE CHILDREN WITH THE SAME BIRTH DATE, INCLUDING TWINS, IN THE ORDER OF THEIR BIRTH."]

[CATI NOTE: RANDOMLY SELECT ONE OF THE CHILDREN. THIS IS THE "XTH" CHILD. PLEASE SUBSTITUTE "XTH" CHILD'S NUMBER IN ALL QUESTIONS BELOW.]

Please read:

I have some additional questions about one specific child. The child I will be referring to is the "Xth" [CATI NOTE: PLEASE FILL IN CORRECT NUMBER] CHILD IN YOUR HOUSEHOLD. ALL FOLLOWING QUESTIONS ABOUT CHILDREN WILL BE ABOUT THE "XTH" [CATI NOTE: PLEASE FILL IN] CHILD.]

1. What is the birth month and year of the "Xth" child? (689-694)

__ / __ __ __	Code month and year
77 / 7777	Don't know / Not sure
99/9999	Refused

CATI NOTE: CALCULATE THE CHILD'S AGE IN MONTHS (CHLDAGE1=0 TO 216) AND ALSO IN YEARS (CHLDAGE2=0 TO 17) BASED ON THE INTERVIEW DATE AND THE BIRTH MONTH AND YEAR USING A VALUE OF 15 FOR THE BIRTH DAY. IF THE SELECTED CHILD IS < 12 MONTHS OLD ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND 0 IN CHLDAGE2. IF THE CHILD IS ≥ 12 MONTHS ENTER THE CALCULATED MONTHS IN CHLDAGE1 AND SET CHLDAGE2=TRUNCATE (CHLDAGE1/12).

2. Is the child a boy or a girl? (695)

- 1 Boy
- 2 Girl
- 9 Refused

3. Is the child Hispanic, Latino/a, or Spanish origin?

(696-699)

INTERVIEWER INSTRUCTION: IF YES, ASK: "ARE THEY..."

INTERVIEWER NOTE: SELECT ALL THAT APPLY

Please read:

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

Do not read:

- 5 No
- 7 Don't know / Not sure
- 9 Refused

4. Which one or more of the following would you say is the race of the child?

(700-727)

INTERVIEWER NOTE: SELECT ALL THAT APPLY

INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.

- 10 White
- 20 Black or African American
- 30 American Indian or Alaska Native
- 40 Asian
 - 41 Asian Indian
 - 42 Chinese
 - 43 Filipino
 - 44 Japanese
 - 45 Korean
 - 46 Vietnamese
 - 47 Other Asian
- 50 Pacific Islander
 - 51 Native Hawaiian
 - 52 Guamanian or Chamorro
 - 53 Samoan
 - 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices

77 Don't know / Not sure
99 Refused

5. Which one of these groups would you say best represents the child's race? (728-729)

INTERVIEWER NOTE: IF 40 (ASIAN) OR 50 (PACIFIC ISLANDER) IS SELECTED READ AND CODE SUBCATEGORIES UNDERNEATH MAJOR HEADING.

10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian
 41 Asian Indian
 42 Chinese
 43 Filipino
 44 Japanese
 45 Korean
 46 Vietnamese
 47 Other Asian
50 Pacific Islander
 51 Native Hawaiian
 52 Guamanian or Chamorro
 53 Samoan
 54 Other Pacific Islander

Do not read:

60 Other
77 Don't know / Not sure
99 Refused

6. How are you related to the child? (730)

Please read:

1 Parent (include biologic, step, or adoptive parent)
2 Grandparent
3 Foster parent or guardian
4 Sibling (include biologic, step, and adoptive sibling)
5 Other relative
6 Not related in any way

Do not read:

7 Don't know / Not sure
9 Refused

State-added 10: Children's Health Assessment Survey Script

CATI NOTE: Only ask if 8.16 = 1 -87

INTERVIEWER NOTE: PLEASE READ: "We are assessing the health of children in South Carolina. The information we collect will help us improve child health services in our state. We would like to call you back within the next two weeks to ask some additional questions about this child."

SC 10.1 All of the information we collect will be kept confidential. Would this be OK with you?

NOTE: If needed say, 'the one we've just been talking about.'

(962)

- 1 Yes
- 2 No [STOP]

SC 10.2 Are YOU well-informed about the child's health and able to answer questions about the health and health practices of this child?

(963)

- 1 Yes
- 2 No

SC 10.3 Who would that person be in your household (the person who knows most about the health of the child)?

(964-965)

- 01 Biological Mother
- 02 Step Mother
- 03 Adoptive Mother
- 04 Foster Mother
- 05 Biological Father
- 06 Step Father
- 07 Adoptive Father
- 08 Foster Father
- 09 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (of any type)
- 14 Brother (of any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative

- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other relationship
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

SC 10.4 Just to make sure that we are talking about the same child when we call you back, please tell me the first name of this child or his initials. (966-991)

1-25 [CHILD'S NAME OR INITIALS]

SC 10.5 When would be the best time to call your household? Would you say... (992)

- 1 Daytime
- 2 Evening
- 3 Weekends
- 7 Don't know/not sure
- 9 Refused

CLOSING STATEMENT

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in this state. Thank you very much for your time and cooperation.

Activity List for Common Leisure Activities
(To be used for Section 13: Physical Activity)

Code Description (Physical Activity, Questions 13.2 and 13.5 above)

01 Active Gaming Devices (Wii Fit, Dance, Dance revolution)	40 Rowing machine exercises
02 Aerobics video or class	41 Rugby
03 Backpacking	42 Scuba diving
04 Badminton	43 Skateboarding
05 Basketball	44 Skating – ice or roller
06 Bicycling machine exercise	45 Sledding, tobogganing
07 Bicycling	46 Snorkeling
08 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	47 Snow blowing
09 Bowling	48 Snow shoveling by hand
10 Boxing	49 Snow skiing
11 Calisthenics	50 Snowshoeing
12 Canoeing/rowing in competition	51 Soccer
13 Carpentry	52 Softball/Baseball
14 Dancing-ballet, ballroom, Latin, hip hop, Zumba, etc.	53 Squash
15 Elliptical/EFX machine exercise	54 Stair climbing/Stair master
16 Fishing from river bank or boat	55 Stream fishing in waders
17 Frisbee	56 Surfing
18 Gardening (spading, weeding, digging, filling)	57 Swimming
19 Golf (with motorized cart)	58 Swimming in laps
20 Golf (without motorized cart)	59 Table tennis
21 Handball	60 Tai Chi
22 Hiking – cross-country	61 Tennis
23 Hockey	62 Touch football
24 Horseback riding	63 Volleyball
25 Hunting large game – deer, elk	64 Walking
26 Hunting small game – quail	66 Waterskiing
27 Inline Skating	67 Weight lifting
28 Jogging	68 Wrestling
29 Lacrosse	69 Yoga
30 Mountain climbing	71 Childcare
31 Mowing lawn	72 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
32 Paddleball	73 Household Activities (vacuuming, dusting, home repair, etc.)
33 Painting/papering house	74 Karate/Martial Arts
34 Pilates	75 Upper Body Cycle (wheelchair sports, ergometer)
35 Racquetball	76 Yard work (cutting/gathering wood, trimming, etc.)
36 Raking lawn/trimming hedges	98 Other_____
37 Running	99 Refused
38 Rock climbing	
39 Rope skipping	